

09/11/03
13142 U.S. PTO

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

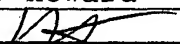
Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	
	First Named Inventor	Robert M. Fous
	Original Patent Number	6,289,515
	Original Patent Issue Date (Month/Day/Year)	09/18/01
	Express Mail Label No.	ER 212448091 US

APPLICATION FOR REISSUE OF: (Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)</p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. <input type="checkbox"/> Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))</p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original Patent Grant</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: _____</p>

18. CORRESPONDENCE ADDRESS

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Name	Robert E. Howard				
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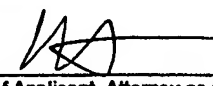
Name (Print/Type)	Robert E. Howard	Registration No. (Attorney/Agent)	22,437
Signature		Date	9/11/2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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09/11/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional)		
Claims as Filed – Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee		Rate	Fee	
(A) 3	Total Claims (37 CFR 1.16(i))	(B) 13	**** 0 =	x \$ ____ =			x \$ ____ =	0	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ ____ =		or	x \$ ____ =	0	
				Basic Fee (37 CFR 1.16(h))				\$ 750	
				Total Filing Fee			OR	\$ 750	
Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee		Rate	
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ ____ =			x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =	
					Total Additional Fee		\$	OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 750 _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">9/11/2003</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">22,437</p> <p style="text-align: center;">Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;">  <p style="text-align: center;">Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: center;">Robert E. Howard</p> <p style="text-align: center;">Typed or printed name</p> </div> </div>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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September 11, 2003

Mail Stop REISSUE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 35 U.S.C. 251 is the reissue patent application of ROBERT M. FOUS entitled: ERGONOMIC FIELDING GLOVE.

Enclosed are:

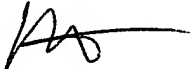
- [x] Reissue Patent Application Transmittal (PTO/SB/50)
- [x] Reissue Application Fee Transmittal Form (PTO/SB/56).
- [x] Check in the amount of \$750.
- [x] Specification and claims in double column format
- [x] 2 sheets of drawing.
- [x] Reissue Declaration/Power of Attorney (3 pages)
- [x] Statement of Claim Status and Support under 37 CFR 1.173(c)
- [x] Return Receipt Postcard.

Pursuant to 37 C.F.R. 1.178(a), reissue applicant hereby offers to surrender original patent number 6,289,515.

Please address all correspondence to:

Robert E. Howard
P.O. Box 10345
Eugene, OR 97440

Respectfully submitted,



Robert E. Howard
Registration No. 22,437

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail mailing label number: **ER212448091US**

Date of Deposit: September 11, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail to Addressee" service under 37 C.F.R. 1.10 on the date stated above in an envelope addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Robert E. Howard
Name of person mailing paper or fee


Signature

September 11, 2003
Date